

Currency Transaction Report

▶ Previous editions will not be accepted after August 31, 2004.

▶ Please type or print.

(Complete all parts that apply -- See Instructions)

OMB No. 1506-0004

1 Check all box(es) that apply: a Amends prior report b Multiple persons c Multiple transactions

Part I Persons(s) Involved in Transaction(s)

Section A -- Person(s) on Whose Behalf Transaction(s) Is Conducted

2 Individual's last name or entity's name Smith			3 First name John			4 M.I. NONE		
5 Doing business as (DBA) N/A				6 SSN or EIN 1234567890				
7 Address (number, street, and apt. or suite no.) 1 Main Street				8 Date of Birth 02/02/1960 MM/DD/YYYY				
9 City New York		10 State N/A	11 ZIP code	12 Country code (if not U.S.)	13 Occupation, profession, or business Software Consultant			
14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien Registration d <input type="checkbox"/> Other e Issued by: New York State f Number: 999-9999-9999								

Section B --- Individual(s) Conducting Transaction(s) (if other than above).

If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)

a Armored Car Service b Mail Deposit or Shipment c Night Deposit or Automated Teller Machine d Multiple Transactions e Conducted On Own Behalf

15 Individual's last name			16 First name			17 M.I.		
18 Address (number, street, and apt. or suite no.)						19 SSN		
20 City		21 State	22 ZIP Code	23 Country code (if not U.S.)	24 Date of Birth MM/DD/YYYY			
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien Registration d <input type="checkbox"/> Other e Issued by: f Number:								

Part II Amount and Type of Transaction(s). Check all boxes that apply.

26 Total cash in \$ 18,731.00		27 Total cash out \$ 18,721.00		28 Date of transaction 09/24/2009 MM/DD/YYYY	
26a Foreign cash in 12,100.00		27a Foreign cash out 0.00			
29 <input checked="" type="checkbox"/> Foreign Country EU		30 <input type="checkbox"/> Wire Transfer(s)		31 <input type="checkbox"/> Negotiable Instrument(s) Purchased	
32 <input type="checkbox"/> Negotiable Instrument(s) Cashed		33 <input checked="" type="checkbox"/> Currency Exchange(s)		34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)	
35 <input type="checkbox"/> Account Number(s) Affected (if any):		36 <input checked="" type="checkbox"/> Other (specify) GB=50 HK=3000			

Part III Financial Institution Where Transaction(s) Takes Place

37 Name of financial Institution My Foreign Currency Exchange				Enter Regulator or BSA Examiner code number (see instructions) ▶ M	
38 Address (number, Street, and apt. or suite no.) 1 Main Street				39 EIN or SSN 123456789	
40 City New York		41 State ON	42 ZIP code 12345	43 MICR No. ABCDE	
44 Title of approving official Compliance Officer		45 Signature of approving official		46 Date of signature 09/24/2009 MM/DD/YYYY	
47 Type or print preparer's name Chris Johnson		48 Type or print name of person to contact Chris Johnson		49 Telephone number 2129991234	